#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS RECEIVED

8 9 10 77

Date Received

JAN - 4 2010

REUSIVED FAIR POLITICACOVER PAGE PRACTICES COMMISSIS

ID - 23202709

NAME

Please type or print in ink.

(LAST)

Rutherford, Janice



2011 JAN -7 PM  $\stackrel{A}{:}$  Public Document (MIDDLE) (FIRST)

MAILING ADDRESS STREET CITY	STATE I ZIP CODE II
1 055	1.01.11.0
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	► Total number of pages
Board of Supervisors	including this cover page:5
Division, Board, District, if applicable:	► Check applicable schedules or "No reportable
Division, Double, in application	interests."
District 2	I have disclosed interests on one or more of the
Your Position:	attached schedules:
Supervisor	Schedule A-1  Yes - schedule attached
▶ If filing for multiple positions, list additional agency(ies)/	Investments (Less than 10% Ownership)
position(s): (Attach a separate sheet if necessary.)	
	Schedule A-2 X Yes – schedule attached
Agency:	Investments (10% or Greater Ownership)
	Schedule B X Yes – schedule attached
Position:	Real Property
	Schedule C X Yes – schedule attached
2. Jurisdiction of Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gifts
-	and Travel Payments)
☐ State	Schedule D X Yes – schedule attached
X County of San Bernardino	Income Gifts
City of	Schedule E Yes – schedule attached
·	Income - Gifts - Travel Payments
Multi-County	mater aymond
Other	-or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	The reportable interests on any concease
X Assuming Office/Initial Date: 12 / 06 / 10	5. Verification
Annual: The period covered is January 1, 2009,	
through December 31, 2009.	I have used all reasonable diligence in preparing this
-or-	statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any
O The period covered is/, through	attached schedules is true and complete.
December 31, 2009.	
Leaving Office Date Left:/	I certify under penalty of perjury under the laws of the State
(Check one)	of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the	
date of leaving office.	Date Signed 12/17/2010
-or-	Date Signed
O The period covered is/, through	(4)(3)
the date of leaving office.	Signatur
-	
Candidate Election Year:	
	EPPC Toll-Free Helpline: 866/ASK-EPPC, www.fnnc.ca.gov

#### **SCHEDULE A-2**

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Rutherford, Janice

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Lim Family Trust	
Name 13396 Gettysburg St. Fontana CA 92336	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  X Trust, go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
22 Troop go to 2	Thou, go to 2 Susiness Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000	S500 - \$1,000 OVER \$100,000
LJ \$1,001 - \$10,000	31,00 t - 310,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT X REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
24426 University Ave.	
Name of Business Entity or	Name of Business Entity of
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Loma Linda CA 92354	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
, ,	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
X \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	EPPC Form 700 (2009/2010) Sch A-2

### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Rutherford, Janice

STREET ADDRESS OR PRECISE LOCATION  24426 University Ave	► STREET ADDRESS OR PRECISE LOCATION
24426 University Avo	P OTTLET TOURED ON THEORE EGOATION
STIZO OUTAGESTEA WAG	
CITY	CITY
Loma Linda CA 92354	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
X \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
Sarah Tess	
You are not required to report loans from commercial	lending institutions made in the lender's regular course
	lic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	
and loans roomed not in a longor o regular boards or	business mast be alcoholded as lenowe.
	•
NAME OF LENDER*	NAME OF LENDER*
NAME OF LENDER*	NAME OF LENDER*
NAME OF LENDER*  ADDRESS (Business Address Acceptable)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  . INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None  HIGHEST BALANCE DURING REPORTING PERIOD	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None  HIGHEST BALANCE DURING REPORTING PERIOD	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

### SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Rutherford, Janice	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Kaiser Permanente	
ADDRESS (Business Address Acceptable) 9310 Sierra Ave. Fontana CA 92335	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
health care	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
none	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S1,001 - \$10,000	\$500 - \$1,000 \qquad \qquad \$1,001 - \$10,000
☐ \$10,001 - \$100,000 🗵 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	10D
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	OF CURITY FOR LOAD
DUDINESS ACTIVITY IF ANY OF LEMPTS	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	None Personal residence  Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	Real Property  Street address  City  Other
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	Real Property  Street address  City  Guarantor
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	Guarantor
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	Guarantor

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Rutherford, Janice

► NAME OF SOURCE	► NAME OF SOURCE		
Gary Ovitt for Supervisor	Josie Conzales	for Supervisor	
ADDRESS (Business Address Acceptable)	Josie Gonzales for Supervisor ADDRESS (Business Address Acceptable)		
30151 Tomas	30151 Tomas		
Rancho Santa Margarita CA 92688		rgarita CA 92688	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF AN	IY, OF SOURCE	
campaign	campaign		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUI	DESCRIPTION OF GIFT(S)	
02/11/10 \$ 75.00 dinner at Flemings	02/11/10 \$	75.00 dinner at Flemings	
\$	\$		
► NAME OF SOURCE	► NAME OF SOURCE		
Curt Hagman for Assembly	SLP Communicati	ons	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Addre	ss Acceptable)	
13920 City Center Dr. #255	1466 Crestview	7.3	
Chino HIlls CA 91709 BUSINESS ACTIVITY, IF ANY, OF SOURCE	Redlands CA 923 BUSINESS ACTIVITY, IF AN		
BOSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF AN	it, of source	
campaign	event planning		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	• •	
meals for self, spou 08/14/10 \$ 106.40 se & child @ Disney	10/18/10 \$ 2	ticket to Fiorina fo 250.00 <u>r Senate lunch</u>	
NAME OF SOURCE	► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Addres	ss Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF AN	Y, OF SOURCE	
		-	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
		Mary .	
	// \$		
<b>2</b>			
Comments:			



# SCHEDULE, DAR POLITICAL FA Income - Gifts 2011 JAN -7 PM 1: 00

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT



Comments: \_\_

ME OF SOURCE	NAME OF SOURCE
	Josie Gonzales for Supervisor
RESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	Ranche Santa Mar conta CA 9268
NECS ACTIVITY IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Campaign
(mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/ / ¢	1 02,11,10 , 75,00 dishor at Alexin
<u> </u>	
	12,09,10 s10,00 Probase neel
/	TOTO STORE TO TOTAL TRACE
<i></i> \$	\$
IE OF SOURCE	► NAME OF SOURCE
RESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
·	
NESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
(mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
(4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
/	-/-/ \$
// \$	
	11
<u>//</u>	\$
E OF SOURCE	Verification
	Print Name JANICE RUTHERPEAS
RESS (Business Address Acceptable)	Print Name Shift Oc. 100 (ME 1040)
	or Court COUNTY ROALS OF SUPERVISAS
	or Court 1307014 BOALS 6 F SUPERVISAS
NESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 2009/2010 Annual Assuming Leaving
	Annual Candidate
(mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	<u> </u>
( ,,,	I have used all reasonable diligence in preparing this statement. I have
/ / *	reviewed this statement and to the best of my knowledge the information
	contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of
<u>'</u> '	California that the foregoing is true and correct.
	12-29-10
// \$	Date Signed (month, day, year)
	(month, day, year)
	/
	Signature
	Signature